



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOSEPH REGIONAL MEDICAL CENTER

City of Hospital: MISHAWAKA

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$471551427	Contractual Allowance	\$456664124
Outpatient Patient Service Revenue	\$308323821	Other Deductions	\$28712967
Total Gross Patient Service Revenue	\$779875248	Total Deductions	\$485377091

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$294498157
Other Operating Revenue	\$7798722
Total Operating Revenue	\$302296879

4. Operating Expenses

Salaries and Wages	\$75952060	Employee Benefits	\$20502205
Depreciation and Amortization	\$16993937	Interest Expense	\$12992341
Bad Debt	\$13736276	Other Expenses	\$149895205
Total Operating Expenses	\$290072024		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12224855	Total Assets	\$412920472
Net Non-operating Gains over Loss	\$-503821	Total Liabilities	\$355064847
Total Net Gains	\$11721034		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$272440864	\$377830276	\$-105389412
Medicaid	\$64404542	\$97065421	\$-32660879
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$148531686	\$304979552	\$-156447866
Total	\$485377092	\$779875249	\$-294498157

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1428654	\$-1428654

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1408060	\$-1408060
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1221420	\$-1221420

Number of Medical Professionals Trained	279
Number of Hospital Patients Educated	165470
Number of Citizens Exposed to Health Education Messages	960783

Statement Six: Charity Statement

Hospital Charity Charges	\$28712967
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$9200002	
HCI Payments	\$0		
Subtotal	\$0	\$9200002	\$-9200002
Medicaid Shortfalls	\$32660879	\$44092136	
Subtotal	\$32660879	\$53292138	\$-20631259
DSH Payments	\$0		
Subtotal	\$32660879	\$53292138	\$-20631259
Medicare Shortfalls	\$105389412	\$121061650	
Other Government Programs	\$0	\$0	
Total	\$138050291	\$174353788	\$-36303497

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2733854	\$6226510	\$-3492656
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0